

## BREASTFEEDING INSURANCE BENEFIT GUIDELINES: Neighborhood Health Plan RI

- This grid includes the general coverage parameters for Rlte Care.
- Bright Start® Prenatal Program packets are sent to all pregnant participants who have been identified to NHPRI by their providers.
- Requests for case management can be made through the Medical Management Department at (401) 459-6060 or (800) 264-3955, or by fax at (401) 459-6023. Allow two business days for a response.

	<b>MOM / BABY CRITERIA</b> Mom: pregnant, inpatient Baby: NICU, physical impairments	<b>NETWORK / VENDOR / PRODUCT INFO</b> Approved providers (private or hospital-based), vendors, products	<b>REQUIRED STEPS</b> Prescriptions, referrals, times specifications	<b>PAYMENT SPECS</b> Direct pay, co-pay, reimbursement
<b>Education</b>				
Prenatal Breastfeeding Classes / Childbirth Education Classes	Covered benefit – group and individual	Classes at contracted network providers <sup>1</sup>	No referral or authorization, show NHPRI card at class	No co-pay
Breastfeeding Support Groups	Not a covered benefit	N/A	N/A	N/A
<b>Lactation Support</b>				
In-patient Hospital	Covered as part of inpatient stay	Any contracted network hospital		No co-pay
Out-patient Hospital / Home	Covered benefit	Needs to be performed by an IBCLC	<ul style="list-style-type: none"> <li>Initial consult must occur w/in first 2 weeks after delivery</li> <li>Limited to 2 additional visits w/in first month after delivery</li> <li>No prior authorization required for initial lactation consult or 2 additional consults</li> <li>NHPRI Medical Management must review requests for referrals beyond 3 visits</li> </ul>	No co-pay
<b>Equipment</b>				
Manual Breast Pump	Covered Benefit	Contracted DME vendor	Submit MD prescription to DME vendor	No co-pay
Hospital Grade Electric Pump – Purchase / Individual Electric Breast Pump – Rental <sup>2</sup>	Approved for NICU infants, other requests must meet medical necessity criteria	Kent, Homecare New England (formerly Claflin) and Vanguard	Requires MD prescription (given by member to DME vendor) and prior authorization (requested by DME vendor or prescribing MD)	No co-pay
Pump Kits – Purchase	Covered Benefit	Provided with electric pump	Authorized with electric pump – 1 maximum	No co-pay

<sup>1</sup> Approved classes are listed in the Bright Start® Prenatal Program packets.

<sup>2</sup> Depending on the DME provider, member could receive either hospital-grade electric or individual electric pump.